

## APPLICATION FOR CERTIFICATION



Pursuant to Arizona Revised Statutes §§16-947 and 946 and AAC R2-20-104 (D)

Initial Application   Amended Application			FILERID 2004-93082	
NAME OF CANDIDATE  Kristin K. Mayes  ADDRESS (NUMBER & STREET)		OFFICE SOUGHT (include Legislative District, if applicable) Corporation Commission - terrendia 1/1/2		
921 S. Maple A	<i>u</i> c ,	Tempe	A2	85281
MAILING ADDRESS (If different from above)	-	CITY	STATE	ZIP
(480) 921 - 4058 CANDIDATE'S PARTY AFFILIATION (If any)	CANDIDATE'S FAX #	Kmayes 7076 Dool.com		
Republicen Perty  NAME OF CANDIDATE'S COMMITTEE		,		
Kris Mayes 2004				
921 S. Maple Ave		Tempe	STATE A 2	ZIP 8528/
(480) 921-4058	COMMITTEE'S FAX#	COMMITTEE'S E-MAIL AD		240
NAME OF DESIGNATED INDIVIDUAL WITH AU	THORITY TO WITHDRAW FUNDS (IF APP	LICABLE) (A.R.S. §16-948)	<u> </u>	
DESIGNATED INDIVIDUAL'S ADDRÉSS		CITY	STATE	ZIP
DESIGNATED INDIVIDUAL'S TELEPHONE #	DESIGNATED INDIVIDUAL'S FAX#	DESIGNATED INDIVIDUAL	'S E-MAIL ADDF	RESS
,	, , , , , , , , , , , , , , , , , , , ,			
LIST THE NAME OF THE FINANCIAL INSTITUTION FROM WHICH THE CANDIDATE AND THE DESIGNATED INDIVIDUAL WILL CONDUCT ALL FINANCIAL ACTIVITY FOR THE CANDIDATE'S CAMPAIGN COMMITTEE (do not list account number). (A.R.S. §16-948(A)).				
DOUT OF MMELICE	7			
DESIGNATED CANDIDATE'S STATEMENT (if applicable) (A.R.S. §16-948(B)): I hereby designate as my duly authorized Designated Individual, with the				
authority to withdraw funds and m	ake expenditures from my camp	aign account on my bel	naif.	
Die Carrier				
Candidale Senaibre				

CCEC-003-APP/CERT-08/28/01